



Commonwealth
of Massachusetts

Form CFP 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

GREENFIELD, MA 01301

14 AUG -4 AM 8:53

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates:

Beginning Date:

5/24/14

Ending Date:

6/30/14

Type of Report: (Check one)

☐ 8th day preceding preliminary ☐ 8th day preceding election ☐ 30 day after election ☐ year-end report ☐ dissolution

Hillary Heather Hoffman

Candidate Full Name (if applicable)

Town Council, Precinct 6, Greenfield

Office Sought and District

30 Abbott Street, Greenfield, MA 01301

Residential Address

Telephone Number (optional):

Committee to Elect Hillary Hoffman

Committee Name

Name of Committee Treasurer

Committee Mailing Address

Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

- 129.66

Line 2: Total receipts this period (page 3, line 11)

0

Line 3: Subtotal (line 1 plus line 2)

- 129.66

Line 4: Total expenditures this period (page 5, line 14)

169.43

Line 5: Ending Balance (line 3 minus line 4)

- 299.09

Line 6: Total in-kind contributions this period (page 6)

Line 7: Total (all) outstanding liabilities (page 7)

Line 8: Name of bank(s) used: Greenfield Savings Bank

Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

(Treasurer's signature)

Date:

8-1-14

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

Candidate with Committee and no activity independent of the committee

☐ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

Candidate without Committee OR Candidate with independent activity filing separate report

☐ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

(Candidate's signature)

Date:

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 9: Total Receipts over \$50 (or listed above)		0	← Enter on page 1, line 2
Line 10: Total Receipts \$50 and under* (not listed above)		0	
Line 11: TOTAL RECEIPTS IN THE PERIOD		0	

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
Enter on page 1, line 6			Line 15: In-kind over \$50	0
			Line 16: In-kind \$50 and under	0
			Line 17: Total In-kind	0

* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
Enter on page 1, line 7			Line 18: OUTSTANDING LIABILITIES (ALL)	0

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.



printed on recycled paper



Commonwealth
of Massachusetts

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

GREENFIELD, MASS.
14 JUL -9 AM 11:01

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates:

Beginning Date:

7/28/2014

Ending Date:

6/18/2014

Type of Report: (Check one)

☐ 8th day preceding preliminary

☐ 8th day preceding election

☒ 30 day after election

☐ year-end report

☐ dissolution

Ronald R Weaver

Candidate Full Name (if applicable)

Town Council (pt #2)

Office Sought and District

32 Rockland Rd Gtld

Residential Address

Telephone Number (optional):

413-427-3973

Committee To Elect Ron Weaver

Committee Name

Barbara P. Weaver

Name of Committee Treasurer

32 Rockland Rd Gtld

Committee Mailing Address

Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

156.40

Line 2: Total receipts this period (page 2, line 11)

696.82

Line 3: Subtotal (line 1 plus line 2)

853.22

Line 4: Total expenditures this period (page 3, line 14)

853.22

Line 5: Ending Balance (line 3 minus line 4)

-0-

Line 6: Total in-kind contributions this period (page 4)

-0-

Line 7: Total (all) outstanding liabilities (page 4)

-0-

Line 8: Name of bank(s) used:

Citizens Bank (Gtld)

Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Barbara P. Weaver

(Treasurer's signature)

Date:

7/9/2014

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

Candidate with Committee



I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

Candidate without Committee



I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Michael Weaver

(Candidate's signature)

Date:

7/9/2014

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
6/14	Ron Weaver 32 Rockland Rd	138.00	
6/16	Ron Weaver 32 Rockland Rd	558.82	Candidate
Line 9: Total Receipts over \$50 (or listed above)		696.82	← Enter on page 1, line 2
Line 10: Total Receipts \$50 and under* (not listed above)		-	
Line 11: TOTAL RECEIPTS IN THE PERIOD		696.82	

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
5/30	Citizen Bank	French King Hwy Stop & Shop	Service Charge	9.99
6/11	Adams Direct Mail Services	Elm St Greenfield	Mailing & Postage for post card	297.24
6/12	Citizen Bank		Fee	39.00
6/16	Citizen Bank		Service charge	6.99
6/17	Jonathon Boschen Video Productions	206 Plain Rd Greenfield	Video	500.00
Line 12: Total Expenditures over \$50 (or listed above)				853.22
Line 13: Total Expenditures \$50 and under* (not listed above)				0
Line 14: TOTAL EXPENDITURES IN THE PERIOD				853.22

Enter on page 1, line 4 →

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	N/A			

* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

Enter on page 1, line 6 →	Line 15: In-Kind Contributions over \$50 (or listed above)	
	Line 16: In-Kind Contributions \$50 & under (not listed above)	
	Line 17: TOTAL IN-KIND CONTRIBUTIONS	0

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
	N/A			

Enter on page 1, line 7 →	Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	0
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Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

GREENFIELD, MASS

14 JUL 10 PM 12:59

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates:

Beginning Date:

5/28/14

Ending Date:

7/10/14

Type of Report: (Check one)

☐ 8th day preceding preliminary

☐ 8th day preceding election

☒ 30 day after election

☐ year-end report

☐ dissolution

Penny Renee Ricketts

Candidate Full Name (if applicable)

Precinct 5 Councilor

Office Sought and District

497 Main Street #3

Residential Address

Telephone Number (optional):

413 636 4915

Committee Name

Name of Committee Treasurer

Committee Mailing Address

Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

1828.11

Line 2: Total receipts this period (page 2, line 11)

60.00

Line 3: Subtotal (line 1 plus line 2)

1888.11

Line 4: Total expenditures this period (page 3, line 14)

1887.25

Line 5: Ending Balance (line 3 minus line 4)

.86

Line 6: Total in-kind contributions this period (page 4)

- 0 -

Line 7: Total (all) outstanding liabilities (page 4)

- 0 -

Line 8: Name of bank(s) used:

Greenfield Savings Bank

Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Vanessa Ricketts

(Treasurer's signature)

Date:

7/5/14

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

Candidate with Committee

☒ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

Candidate without Committee

☐ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Penny Ricketts

(Candidate's signature)

Date:

7/5/14

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Line 9: Total Receipts over \$50 (or listed above)			← Enter on page 1, line 2
Line 10: Total Receipts \$50 and under* (not listed above)		60.00	
Line 11: TOTAL RECEIPTS IN THE PERIOD		60.00	

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
5/30 - 6/11	Recorder	Hope St Gtfield	Ads	884 ⁴⁶
5/30	WHA I		Ads	510 ⁰⁰
5/30	Staples	Mohawk Trail Gtfield	Fliers	260 ³¹
6/10	Tenrezza	Country Club Road	Appetizers	160 ⁰⁰
			Line 12: Total Expenditures over \$50 (or listed above)	1814.72
			Line 13: Total Expenditures \$50 and under* (not listed above)	72.48
Enter on page 1, line 4 →			Line 14: TOTAL EXPENDITURES IN THE PERIOD	1887 ²⁵

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value

* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

Enter on page 1, line 6 →	Line 15: In-Kind Contributions over \$50 (or listed above)	<input style="width: 100%;" type="text"/>
Enter on page 1, line 6 →	Line 16: In-Kind Contributions \$50 & under (not listed above)	<input style="width: 100%;" type="text"/>
Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CONTRIBUTIONS	<input style="width: 100%;" type="text" value="= 0 -"/>

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount

Enter on page 1, line 7 →	Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)	<input style="width: 100%;" type="text" value="- 0 -"/>
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Form CPF M 102: Campaign Finance Report

Municipal Form

Office of Campaign and Political Finance

Post election
due 7.10.2014

Commonwealth
of Massachusetts

GREENFIELD, MASS

2015 MAR 12 AM 11:53

File with: City or Town Clerk or Election Commission

Fill in Reporting Period dates:

Beginning Date:

05.24.2014

Ending Date:

06.30.2014

Type of Report: (Check one)

☐ 8th day preceding preliminary

☐ 8th day preceding election

☒ 30 day after election

☐ year-end report

☐ dissolution

ISAAC MASS

Candidate Full Name (if applicable)

Councilor At Large

Office Sought and District

248 Green River Rd

Residential Address

Telephone Number (optional):

IMAFAN

ISAAC MASS' ASSOCIATE Friends and NEIGHBORS

Committee Name

Ed Fleming

Name of Committee Treasurer

385 BARTON RD

Committee Mailing Address

Telephone Number (optional):

SUMMARY BALANCE INFORMATION:

Line 1: Ending Balance from previous report

3045.91

Line 2: Total receipts this period (page 3, line 11)

21035.00

Line 3: Subtotal (line 1 plus line 2)

5,080.91

Line 4: Total expenditures this period (page 5, line 14)

4999.54

Line 5: Ending Balance (line 3 minus line 4)

81.37

Line 6: Total in-kind contributions this period (page 6)

200.00

Line 7: Total (all) outstanding liabilities (page 7)

0

Line 8: Name of bank(s) used:

Greenfield Savings Bank

Affidavit of Committee Treasurer:

I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including all contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

EM Fleming

(Treasurer's signature)

Date:

3-12-15

FOR CANDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box only)

Candidate with Committee and no activity independent of the committee

☒ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55. I have not received any contributions, incurred any liabilities nor made any expenditures on my behalf during this reporting period.

Candidate without Committee OR Candidate with independent activity filing separate report

☐ I certify that I have examined this report including attached schedules and it is, to the best of my knowledge and belief, a true and complete statement of all campaign finance activity, including contributions, loans, receipts, expenditures, disbursements, in-kind contributions and liabilities for this reporting period and represents the campaign finance activity of all persons acting under the authority or on behalf of this committee in accordance with the requirements of M.G.L. c. 55.

Signed under the penalties of perjury:

Isaac Mass

(Candidate's signature)

Date:

3/12/15

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

[illegible]

Line 9: Total Receipts over \$50 (or listed above)

1,000.60

Line 10: Total Receipts \$50 and under* (not listed above)

1,035.00

Line 11: TOTAL RECEIPTS IN THE PERIOD

2,035.00

← Enter on page 1, line 2

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)[illegible]

Line 9: Total Receipts over \$50 (or listed above)

Line 10: Total Receipts \$50 and under* (not listed above)

Line 11: TOTAL RECEIPTS IN THE PERIOD

← Enter on page 1, line 2

* If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount
5/31	W H A I / S A G A	Woodard Rd	Ads	2180.00
6/2	Recorder	Hope St	Ads	1267.00
6/5	Recorder	Hope St	Ads	100.00
6/5	Recorder	Hope St	Ads	251.08
6/5	Recorder	Hope St.	Ads	59.27
6/6	Recorder	Hope St	Ads	608.32
6/7	PARTY CITY	KEENE NH	BALLOONS + STRING	66.99
6/9	Recorder	Hope St	Ads	160.48
6/10	AIR GAS	Bernardstun Rd	Helium	261.67
6/12	TERRAZZA	Country club Rd	Food service	215.73
6/13	Greenfield SAVINGS	400 MAIN ST	BANK Fees	29.00
6/30	ISAAC MASS	50 Linden Ave	LOAN clearing	1,000.00

Line 12: Total Expenditures over \$50 (or listed above)

Line 13: Total Expenditures \$50 and under* (not listed above)

Enter on page 1, line 4 →

Line 14: TOTAL EXPENDITURES IN THE PERIOD

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE B: EXPENDITURES (continued)[illegible]

Line 12: Expenditures over \$50 (or listed above)

4327.54

Line 13: Expenditures \$50 and under* (not listed above)

672.00

Enter on page 1, line 4 →

Line 14: TOTAL EXPENDITURES IN THE PERIOD

41.999,54

* If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

1

* If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

[illegible]

Enter on page 1, line 7 →

Line 18: TOTAL OUTSTANDING LIABILITIES (ALL)

